

Rec'd by
e mail
8/6/2015

STATE OF UTAH
DEPARTMENT OF NATURAL RESOURCES
DIVISION OF OIL, GAS AND MINING
 1594 West North Temple Suite 1210
 Box 145801
 Salt Lake City, Utah 84114-5801
 Telephone: (801) 538-5291 Fax: (801) 359-3940

NOTICE OF INTENTION TO COMMENCE LARGE MINING OPERATIONS

The information requirements of this form are based on provisions of the Mined Land Reclamation Act, Title 40-8, Utah Code Annotated 1987, and the General Rules as promulgated under the Utah Minerals Regulatory Program (R647). The rules and Act are available online at <http://www.rules.utah.gov/publicat/code/r647/r647.htm> and http://le.utah.gov/~code/TITLE40/40_08.htm.

"Large Mining Operations" are operations which have a disturbed area of more than ten surface acres at any time in unincorporated areas, or more than five acres in incorporated areas.

I. GENERAL INFORMATION (Rule R647-3-104)

1. **Name of Mine:** Dove Creek Quarrie

2.A. **Name of Entity Applying for a Permit:** Rosen Valley Rock LLC

Contact (Authorized Officer): David D Morris

Mailing Address: 18000 N 59350 W

City, State, Zip: Park Valley, UT

Phone: 360-798-9878

Fax: _____

E-mail Address: daviddmorris58@gmail.com

Entity is a: ☐ Corporation ☒ LLC ☐ Sole Proprietorship (dba) ☐ Individual
☐ Partnership (☐ General or ☐ limited) ☐ Other (specify type) _____

Business Entity (not individuals) must be registered (and maintain registration) with the State of Utah, Division of Corporations (DOC) If not currently registered, contact www.commerce.utah.gov to renew or apply.

2.B. Are you currently registered to do business in the State of Utah? ☒ Yes ☐ No

Business Entity #: _____

Local Business License #: _____ (if required)

Issued by: County: _____ or City: _____

Registered Utah Agent (as identified with the Utah DOC) (if individual leave blank):

Name: David D Morris

Title: Manager

Address: 18000 N 59350 W

City, State, Zip: Park Valley, UT 84329

Phone: 360-798-9878

Fax: _____

E-mail Address: daviddmorris58@gmail.com

2.C. Entity's Representative(s) (if different from #2A) authorized and designated to receive notices of violation, cessation orders, and all other notices to be given to the permittee or operator by the Division.

Name: _____ Title: _____
Address: _____
City, State, Zip: _____
Phone: _____ Fax: _____
Emergency, Weekend, or Holiday Phone: _____
E-mail Address: _____

Name: _____ Title: _____
Address: _____
City, State, Zip: _____
Phone: _____ Fax: _____
Emergency, Weekend, or Holiday Phone: _____
E-mail Address: _____

3a.. If Business is a Sole Proprietor (dba) or Individual:

Name of Owner: _____ Title: _____
Business Address: _____
City, State, Zip: _____
Phone: _____ Fax: _____
E-mail Address: _____

3b. If Business is a Corporation:

Name of Officers: _____ Title: _____
Name: _____ Title: _____
Name: _____ Title: _____
Name: _____ Title: _____
Headquarters Address: _____
City, State, Zip: _____
Phone: _____ Fax: _____
E-mail Address: _____

3c. If Business is a Limited Liability Company:



Member Managed



Manager Managed

Name of 1st Member/Manager: David D Morris Title: Manager
Business Address: 18000 N 59350 W
City, State, Zip: Park Valley, UT 84329
Phone: 360-798-9878 Fax: _____
E-mail Address: daviddmorris58@gmail.com

Name of 2nd Member/Manager: _____ Title: _____
Business Address: _____
City, State, Zip: _____
Phone: _____ Fax: _____
E-mail Address: _____

3d. If Business is a Partnership:

Names of First Partner: _____
Business Address: _____
City, State, Zip: _____
Phone: _____ Fax: _____
E-mail Address: _____

Names of Second Partner: _____
Business Address: _____
City, State, Zip: _____
Phone: _____ Fax: _____
E-mail Address: _____